

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Carroll*

Township *Eugene*

Village

City

Registration District No. *942*

File No. *28924*

Primary Registration District No. *5201*

Registered No.

(NO. St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Maud M. Ellis*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *F* 4 COLOR OR RACE *W* 5 SINGLE MARRIED *married* WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH *June 22 1881*
(Month) (Day) (Year)

7 AGE *37* yrs *2* mos *14* ds. If LESS than 1 day...hrs. or...min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *at home*
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) *Carroll Co Mo*

10 NAME OF FATHER *Thos. M. Gray*

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Kentucky*

12 MAIDEN NAME OF MOTHER *Margaret Stator*

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Carroll Co Mo*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *J. Colles*

(Address) *Wakenda Mo*

15 Filed *Sept 7 1918* *J. H. Dwyer* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Sept 6 1918*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *July 1 1918* to *Sept 6 1918* that I last saw him alive on *Sept 6 1918* and that death occurred, on the date stated above, at *12:30* m.

The CAUSE OF DEATH* was as follows:
Abscess Right Breast
General Inflammation - 115
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds. (Signed) *R. M. Dwyer* M. D. *97* 1918 (Address) *Carroll Mo*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death? Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL *Salem Cemetery* DATE OF BURIAL *9-8 1918*

20 UNDERTAKER *J. M. Willis* ADDRESS *Carroll Mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.